## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: ANTHONY TYLOR	Case No. 16-08467
Debtor(s)	

## CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/11/2016.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C.  $\S$  1329 on  $\underline{NA}$  .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on  $\underline{NA}$ .
  - 5) The case was dismissed on 06/08/2016.
  - 6) Number of months from filing to last payment: 0.
  - 7) Number of months case was pending: 4.
  - 8) Total value of assets abandoned by court order: NA.
  - 9) Total value of assets exempted: NA.
  - 10) Amount of unsecured claims discharged without payment: \$0.00.
  - 11) All checks distributed by the trustee relating to this case have cleared the bank.

## Receipts:

Total paid by or on behalf of the debtor \$0.00 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$0.00

## **Expenses of Administration:**

Attorney's Fees Paid Through the Plan

Court Costs

Trustee Expenses & Compensation

Other

\$0.00

\$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$0.00

Attorney fees paid and disclosed by debtor: \$500.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AT&T SERVICES INC	Unsecured	1,300.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENU	Unsecured	2,500.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENU	Unsecured	10,000.00	10,990.16	10,990.16	0.00	0.00
Commonwealth Financial	Unsecured	846.00	NA	NA	0.00	0.00
ILLINOIS DEPT OF REVENUE	Priority	1,000.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	3,500.00	3,110.86	3,110.86	0.00	0.00
INTERNAL REVENUE SERVICE	Unsecured	NA	3,108.56	3,108.56	0.00	0.00
NATIONAL ACCOUNT SERVICES	Unsecured	2,434.00	NA	NA	0.00	0.00
SOUTH SHORE HOSPITAL	Unsecured	3,000.00	NA	NA	0.00	0.00

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Claim	Principal	Interest
Allowed	<u>Paid</u>	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$3,110.86	\$0.00	\$0.00
\$3,110.86	\$0.00	\$0.00
\$14,098.72	\$0.00	\$0.00
	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$3,110.86 \$3,110.86	Allowed         Paid           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$3,110.86         \$0.00           \$3,110.86         \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$0.00 \$0.00	
TOTAL DISBURSEMENTS :		<u>\$0.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 07/19/2016 By: /s/ Tom Vaughn
Trustee

**STATEMENT**: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.